CTATEMENT OF ODOANIZATION		OFFICE USE ONLY
STATEMENT OF ORGANIZA	T	1 00
1. Name and Address of Committee	2. Date of this Statement	10/6 CCANNED S
"Sam" Jenkins Campaign Committee 2419 Kings Hwy.	08/01/06	SCANNED S
Shreveport, LA. 71103	3. Estimated Membership	
	5	OCT 1 8 2006 08 08 08 08 08 08 08 08 08 08 08 08 08
		By: ULL =
Check If:	4. Amended Statement?	Rec # 6094
New Committee X Monthly Filer	Yes _ <u>x</u> _ No	#1708
5. All Committee Officers and Directors (including Chairperson, Treasurer	, if any, and any other committee of	ficers and directors)
a. Name b. Position	c. <u>Address</u>	
"Sam" Jenkins Chairperson 2419 K. "Sam" Jenkins Treasurer "	ings Hwy., Shrever	oort, LA. 71103
Affiliated Organizations (Any organization, other than a political committee, which directly or incommittee) a. Name b. Address None		financially supports this committee.) c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be depos funds.)	sited in one or more banks or saving	s and loan institutions or money market mutual
a. <u>Name</u> b. <u>Address</u>		
Regions Bank 4908 Monkhouse Dr.	, Shreveport, LA.	71109
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Che	eck one: X Principal Camp	aign CommitteeSubsidiary Committee
b. Name of Candidate		c. Office Sought by the Candidate
"Sam" Jenkins		Council District "G"
9. a. Name of Person Preparing Report "Sam" Jenkins		
b. Daytime Telephone 318-636-4266		
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief.	MENT OF ORGANIZATION is true a	nd correct to the best of our knowledge, information
This 5 day of 0(70BER 200	6	
Signature of Committee Chairperson	(3/2) Dayti	me Telephone Number
Signature of Committee Treasurer, if any		B) 636-4266 ime Telephone Number

Form 200, Rev. 12/03